

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091980,272
FILING DATE
APPLICANT(S)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						51
2		/					52
3		/					53
4	/	/					54
5		/					55
6	/						56
7		/					57
8	/						58
9		/					59
10	/						60
11		/					61
12	/						62
13	/						63
14	/						64
15		/					65
16	/						66
17		/					67
18	/						68
19		/					69
20	/						70
21		/					71
22	/						72
23		/					73
24	/						74
25	/						75
26	/						76
27		/					77
28	/						78
29		/					79
30	/						80
31		/					81
32	/						82
33		/					83
34	/						84
35		/					85
36	/						86
37		/					87
38		/					88
39	/						89
40		/					90
41	/						91
42		/					92
43	/						93
44		/					94
45	/						95
46		/					96
47	/						97
48		/					98
49		/					99
50	/						100
TOTAL IND.							TOTAL IND. 9
TOTAL DEP.							TOTAL DEP. 49
TOTAL CLAIMS							TOTAL CLAIMS 58